



**Public Health**  
Prevent. Promote. Protect.

## Henderson County Environmental Health Department

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Main Phone: (828) 694-6060 | Administration FAX: (828) 697-4523

### Application for On-Site Wastewater System and/or Private Drinking Water Well

#### APPLICANT INFORMATION

Applicant/Contact/Agent	Certification Type & Number (if applicable)	Home & Work Phone
Owner	Address	Home & Work Phone

#### PROPERTY INFORMATION

date originally deeded & recorded \_\_\_\_\_

Street Address	Subdivision Name	Section/Phase/Lot#
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Lot Size \_\_\_\_\_ Directions to Site: \_\_\_\_\_

**Existing Water Supplies:** ☐ Spring ☐ Single-Family Well ☐ Shared Well ☐ Regulated Facility Well (.1700 Rules) ☐ Community/City ☐ None

☐ I am applying for an On-Site Wastewater System

☐ New Residential System

# of bedrooms \_\_\_\_\_

# of occupants \_\_\_\_\_

Basement? ☐ Yes ☐ No Basement Plumbing? ☐ Yes ☐ No

Date Property Recorded \_\_\_\_\_

☐ New Non-Residential System

Purpose of the Structure \_\_\_\_\_

# of employees \_\_\_\_\_

Square Footage of Structure: \_\_\_\_\_

☐ Expansion of Existing System

# of bedrooms to add \_\_\_\_\_

(Please attach existing permit)

☐ Repair to Malfunctioning System

Nature of failure \_\_\_\_\_

(Please attach existing permit)

Preferred Drainfield Type: \_\_\_\_\_

☐ I am applying for a **NEW** private Drinking Water Well

☐ I am applying for **REPAIR** of a Private Drinking Water Well

☐ I am applying for **ABANDONMENT** of Private Drinking Water Well

**Please select type of Private Drinking Water Well**

☐ Single Family PDW Well (serving one home)

☐ Shared PDW Well (serving more than 1 home)

☐ PDW Well for Regulated Facility (i.e. Restaurant)  
(15A NCAC 18A .1700 Rules)

☐ Irrigation only: \_\_\_\_\_

☐ My Existing Water Supply is Dry

Comments: \_\_\_\_\_

**PLEASE SELECT ALL THAT APPLY:**

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation and **INDICATE IT ON THE SITE PLAN.**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Does the site contain any jurisdictional wetlands? ( <i>Septic only</i> )                                       |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Does the site contain any existing wastewater systems?  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Is any wastewater going to be generated on the site other than domestic sewage? ( <i>Septic only</i> )          |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Is the site subject to approval by any other public agency?   |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Are there any easements or right of ways on this property?  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Are there any known landfills within 500 feet or waste storage within 100 feet of this property?                |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Are there any wells, springs or water lines on this property?   |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Is the site within a floodway or floodplain?  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Does this site contain any fertilizer, pesticide, herbicide, other chemical storage, or petroleum fuel storage? |

**I am applying for:**

☐ a 5-year permit (*MUST include completed site plan*)

☐ a permit without expiration (*MUST include completed plat*)

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID.**

*Note: Issuance of permit by Henderson County Environmental Health does not guarantee or imply approval of future permit applications by this or any other agency.*

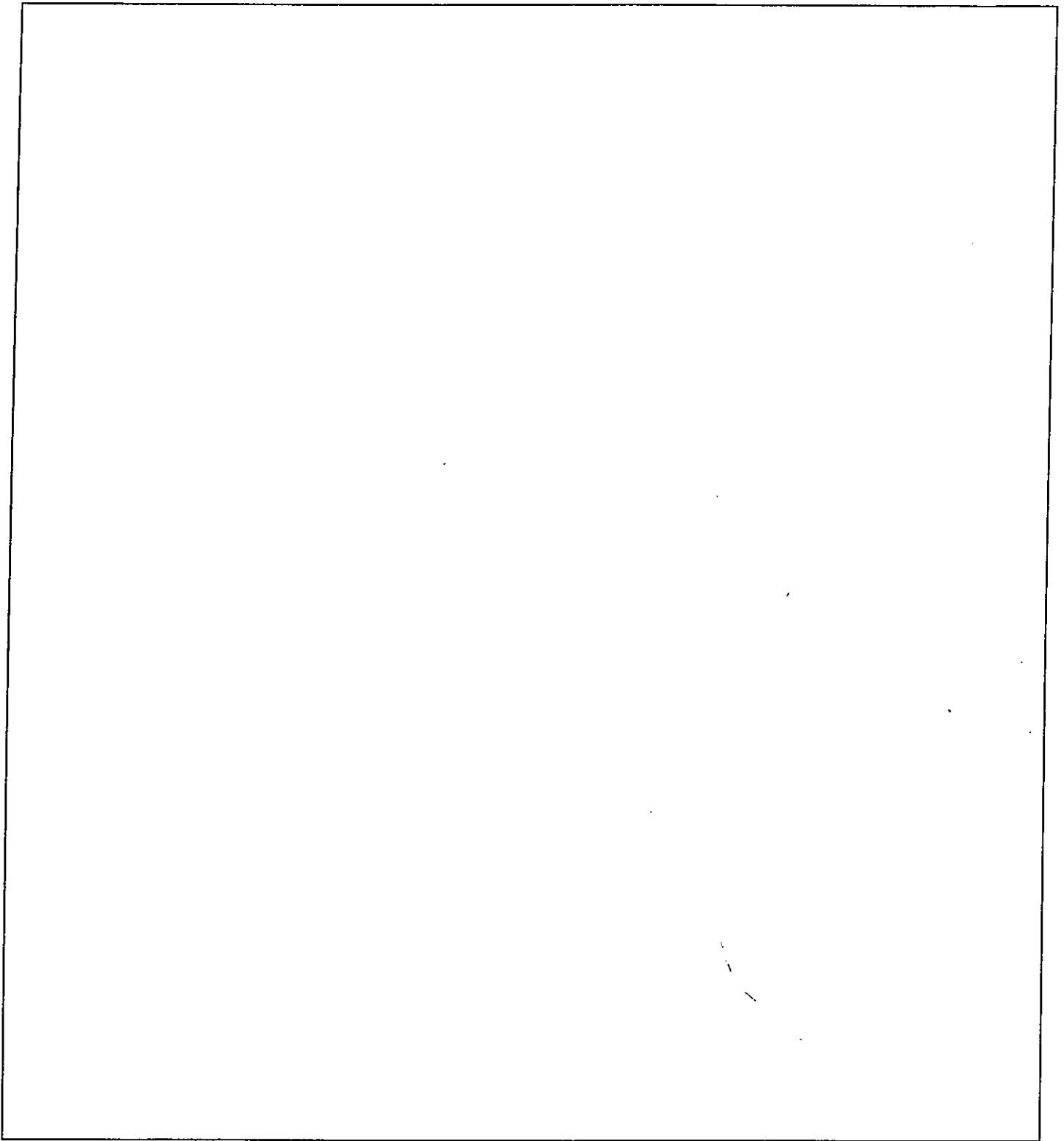
\_\_\_\_\_  
Please provide a valid email address

\_\_\_\_\_  
Property owner's or owner's legal representative\*\* signature (required)

\*\*Must provide documentation to support claim as owner's legal representative.

\_\_\_\_\_  
Date

**Site Plan Not Shown to Scale**



**I hereby agree that the information shown is correct to the best of my knowledge. I understand that any changes to the property lines, building orientation, or location of driveways may void this site plan and require a new site evaluation by environmental health or result in a change to the property address.**

\_\_\_\_\_  
Signature of Authorized Agent/Owner

\_\_\_\_\_  
Date



## **HENDERSON COUNTY ENVIRONMENTAL HEALTH AUTHORIZATION FORM**

I, \_\_\_\_\_ (print your name) do  
authorize \_\_\_\_\_ (print name) to act as my  
agent in obtaining the septic and/or well permit(s) from the  
Henderson County Department of Public Health.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Note: All blanks must be filled in or this form will not be accepted.

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828-698-6185 (fax)